

This form must be completed by each of the following with a colored copy of driver's license or government issued photo ID attached:

- Each Partner or Proprietor
- Each Officer or Director
- Each General Manager and Bar Manager
- Those who by combined ownership or control has an interest in excess of 5%
- Person(s) holding an option to purchase the business

ESTABLISHMENT INFORMATION:

1. Legal Corporate Name of Establishment _____
2. Trade Name of Business (DBA): _____
3. Street Address of Licensed Premises: _____
4. Business Phone: _____

PERSONAL INFORMATION:

5. Name: _____
(First) (Full Middle) (Last)

Other names used (include alias, maiden names, and/or previous married names)
6. Residential Address: _____

(City) (State) (Zip)
7. Telephone Number: _____
8. Position(s) or relationship you hold with the establishment: _____
9. Date of Birth: ____/____/____ Place of Birth _____
(City) (County) (State)
10. Social Security #: _____
11. Driver License #: _____ State of Issuance: _____
12. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Male Female
13. Are you a United States Citizen? No Yes
14. Are you Naturalized? No Yes If yes, give date and place: _____

15. Are you a registered voter: No Yes If yes, where are you registered: _____

16. Have you been in military service: No Yes If yes, was discharge(s) ever other than honorable? _____ (Copies of discharge papers may be required)

SPOUSE'S INFORMATION:

17. Spouse's Name: _____
(First) (Full Middle) (Last)

Other names used (include alias, maiden names, and/or previous married names)

18. Residential Address: _____

(City) (State) (Zip)

19. Date of Birth: ____/____/____ Place of Birth _____
(City) (County) (State)

RESIDENCY INFORMATION:

20. List current residence and past residences in the last 10 years (*use additional paper if necessary*)

Previous Address #1: _____
From: _____ to _____
City County State Zip

Previous Address #2: _____
From: _____ to _____
City County State Zip

Previous Address #3: _____
From: _____ to _____
City County State Zip

CRIMINAL HISTORY:

21. Criminal History

Have you ever been issued a citation, summons or ticket to appear in court? Yes No

Have you ever been arrested or detained by any type of law enforcement? Yes No

Have you ever been convicted of a crime? Yes No

Have you ever been the subject of an indictment? Yes No

Have you ever been pardoned for any criminal offense? Yes No

Have you currently on trial or awaiting a trial, or waiting for sentencing? Yes No

If yes, to any of the above questions, provide the following information: (*use additional paper if necessary*)

Date

City and State

Nature of Offense

Order of the Court

PREVIOUS ALCOHOLIC BEVERAGE HISTORY AND LICENSES:

22. Previous alcoholic beverage history and licenses:

Have you ever been involved with manufacturing, distributing, or retail sale of alcohol (to include working in any portion of the alcohol industry)? Yes No

23. Have you ever been licensed or denied a license by any government agency for the purpose of the manufacture, import, wholesale or retail sale of alcoholic beverage? Yes No

If yes, to any of the above questions, provide the following information: (use additional paper if necessary)

Date	Establishment	Type of License	City and State	Agency
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24. Have you, your spouse, or a parent, brother, sister or child of either of you, ever been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business of a similar nature:

No Yes If yes, give information as to the time, place and length of time:

25. Other licensing:

Have you ever failed to file Federal or State income tax records? Yes No

Have you ever had a Sales or Use Tax permit revoked? Yes No

Have you ever had any other license or permit revoked, denied, or cancelled? Yes No

Have you ever failed to submit reports or pay taxes to any government agency? Yes No

Have you (individually or with others) made application for an intoxicating liquor license and had such application denied? Yes No

If yes to any answers above, provide complete explanation: *(use additional paper, if necessary)*

BUSINESS HISTORY:

26. Please provide name, location, type of every business you have engaged in for the last 10 years (*use additional paper if necessary*)

Business #1: _____ Year: _____
Address: _____ Length of Time: _____
_____ Position: _____
Type of Business: _____

Business #2: _____ Year: _____
Address: _____ Length of Time: _____
_____ Position: _____
Type of Business: _____

Business #3: _____ Year: _____
Address: _____ Length of Time: _____
_____ Position: _____
Type of Business: _____

EMPLOYMENT HISTORY:

27. Have you ever been fingerprinted for any reason? Yes No

If yes, provide the following information: (*use addition paper, if necessary*)

Date	Agency	Reason for Fingerprinting
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

28. Please provide information concerning your employment history for the last 10 years. (*use additional paper, if necessary*)

Employer #1: _____ Month/Year: _____
Address: _____ Position: _____

Employer #2: _____ Month/Year: _____
Address: _____ Position: _____

Employer #3: _____ Month/Year: _____
Address: _____ Position: _____

FINANCIAL INTEREST IN OTHER BEVERAGE LICENSES:

29. Please indicate by answering the following questions whether or not you have financial interest in any other alcoholic beverage license or business activity:

- Yes No 1. Invested or loaned money, have an option to purchase, or have a contract for service to any other alcoholic beverage license holder.
- Yes No 2. Have ownership interest in equipment being leased or otherwise provided to any alcoholic beverage licensed facilities.
- Yes No 3. Have an investment or ownership in any business involved in any of the activities listed in questions 1 or 2.
- Yes No 4. Do you receive any revenue or payments or money from any person who is involved in the activities listed in questions 1 or 2.

Please completely explain all “yes” answers: *(use additional paper, if necessary)*

30. What is the amount of investment that you have or will have in the business, building, premises, fixtures, furniture, stock in trade, etc. _____

State the source of such money and **attach proof**: _____

31. Have you any interest in any previous intoxicating license that was revoked, suspended or not renewed?
 No Yes, explain in detail: _____

REFERENCES:

32. List the names, addresses of three residents of the United States of good moral character, not related to you , who may be referred to as to your character:

Reference #1: _____ Relationship: _____
Address: _____

Reference #2: _____ Relationship: _____
Address: _____

Reference #3: _____ Relationship: _____
Address: _____

FINANCIAL STATEMENT OF NET WORTH:

33. A financial statement of net worth and a short autobiography must accompany this application for all for all persons who are required to complete a Personal History Statement. (**Except**—Manager, Assistant Manager, Food Manager, and Beverage Manager provided these individuals are not partners, officers of the corporation, or do not hold an interest in excess of 5%).

ATTACHMENTS:

- Copies of Military Discharge papers, if applicable (Question 16)
- Financial Interest—Source of money, proof of (Question 30)
- Financial Statement of Net Worth (Question 33)
- Short Autobiography (Question 33)

CERTIFICATION:

I understand and agree that the information revealed in support of an application for ownership or management of a licensed On-sale or Off-Sale Liquor establishment in the City of St. Paul Park will be used in accordance with Federal, State, and local laws regarding privacy of record.

I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made by me in good faith.

I also authorize the City of St. Paul Park to investigate the information and contact the persons named herein.

Signature of Applicant

Date Signed

Printed Name

NOTARY:

State of _____

County of _____

Subscribed and sworn to before me a Notary Public

On this _____ day of _____, _____

Notary Signature: _____

My commission expires on: _____ (seal)

BACKGROUND INVESTIGATION AUTHORIZATION:

- Attached to this application is a completed, signed AUTHORIZATION TO COLLECT, USE AND RELEASE INFORMATION form along with a form of photo identification.